

UNIT STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/12-05</u>		2 Serial/Patent # <u>10/502214</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>Claims</u>	<u>8</u>	<u>4.405</u>	\$ <u>910⁰⁰</u>							
7 TOTAL AMOUNT OF REFUND			\$ <u>910⁰⁰</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">6</td> <td style="width: 20px;">7</td> </tr> </table>			0	1	--	0	4	6	7
0	1	--	0	4	6	7					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY: <u>[Signature]</u>											
TYPED/PRINTED NAME: <u>Chartha Burt</u>			TITLE: <u>Para Legal</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-9140x207</u>								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**